

SSO Maintenance Report

Date of Occurance	Address	Blockage Reason 1	Blockage Reason 2	Volume/Gallons	Responsibility	Removal Method	Receiving Waters	Mitigation Used on Untreated Waters	Actions to mitigate future SSO
07/22/14	2350 Spruce	Tree roots		10	Village	Sewer Jet			Line maintenance
07/16/14	17632 Hillside	Undetermined		25	Village	Sewer Jet			Line maintenance
07/14/14	2505 Hawthorne	Rain		168,000	Village	By-pass pump to Storm	Cal Union Ditch		
07/14/14	18311 Martin Avenue	Rain		168,000	Village	By-pass pump to Storm	Cal Union Ditch		
07/14/14	2317 Clyde Terrace	Rain			Village	By-pass pump to Storm	Cal Union Ditch		
07/12/14	18429 Palmer	Rain			Village		Cal Union Ditch		



Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

24 Hour Notification Information

Permittee (Municipality or Facility Name):
VILLAGE OF HOMEWOOD

Permit Number:
MS4-IL40035

Person Representing Permittee Who Contacted IEPA:
BOB LACHAPPELLE

Date: 07-22-14 Time: 15:25 AM ☒ PM ☐ IEPA Office Contacted:
DES PLAINES

Name of IEPA Employee Contacted:
Alan Anderson

Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 07-22-14 Time: 13:45 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes):
1 hour

Estimated Volume of
Wastewater
Discharged
(gallons):

10

WWTP Flow During bypass (report in
MGD): Not applicable for a collection
system SSO.
N/A

Location of the Overflow or Bypass:
2350 Spruce Rd

Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733
11/2011

- ☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The resident at 2350 Spruce Rd. called and reported they had water coming the floor drains . The water came up when they ran water in the house.

Wet Weather (if applicable)

Date(s) and Duration of Rainfall:

Start Date: _____ Time: _____ AM PM _____ End Date: _____ Time: _____ AM PM _____ Amount of Rainfall (inches) _____ Amount of Snow Melt (inches) _____
_____ ☐ ☒ _____ ☐ ☒ _____

Contributing Soil Conditions (saturated, frozen, soil type) _____

Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: _____
- ☐ Storm Sewer: Name of surface water it drains to: _____
- ☐ Surface water direct discharge: _____
- ☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☒ Other, describe: WATER COMMING UP FLOOR DRAINS

Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses

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The sanitary sewer was in the rear easement and was a dead end line. we root cut the sewer main and cleared the residents problem. The resident was at the end of the sewer.

Report Completed By

Contact Person: Bob La Chapelle
Street Address: 2020 CHESTNUT RD
PO Box: _____
City: HOMEOD State: IL
Zip Code: 60430 Phone: 708-206-2910
County: COOK

Authorized Representative Contact Information

Contact Person: SAME
Title: _____
Street Address: _____
PO Box: _____
City: _____ State: _____
Zip Code: _____ Phone: _____
County: _____

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Authorized Representative Name (Print)

Bob LaChapelle

Title

UTILITY SUPERVISOR

Authorized Representative Signature

Date

7-23-14



Illinois Environmental Protection Agency

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24 Hour Notification Information

Permittee (Municipality or Facility Name): Village of Homewood Permit Number: ms4-il40035 Person Representing Permittee Who Contacted IEPA: Robert LaChapelle

Date: 07-16-14 Time: 8:50 AM ☒ PM ☐ IEPA Office Contacted: Des Plaines Name of IEPA Employee Contacted: ALAN ANDERSON

Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 07-15-14 Time: 15:30 AM ☐ PM ☒ Duration of the overflow or bypass (hours and minutes): 1

Estimated Volume of
Wastewater
Discharged
(gallons):

25

WWTP Flow During bypass (report in
MGD): Not applicable for a collection
system SSO.

Location of the Overflow or Bypass:
17632 Hillside ave

Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733
11/2011

☐ Rain ☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)
☐ Snow Melt ☐ Broken Sewer ☐ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

THE VILLAGE SEWER WAS BLOCKED. WE DO NOT KNOW WHAT CAUSE THE BLOCKAGE.

Wet Weather (if applicable)

Date(s) and Duration of Rainfall:

Start Date: _____ Time: _____ AM ☒ PM ☐ End Date: _____ Time: _____ AM ☒ PM ☐ Amount of Rainfall (inches) _____ Amount of Snow Melt (inches) _____

Contributing Soil Conditions (saturated, frozen, soil type)
saturated it been raining all week.

Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
- ☐ Ditch: Name of surface water it drains to: _____
- ☐ Storm Sewer: Name of surface water it drains to: _____
- ☐ Surface water direct discharge: _____
- ☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 RESIDENTIAL
- ☒ Other, describe: resident has no basement floor drain in slab.

Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses

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Resident at 17632 Hillside Ave. had sewer back-up in the house. The village sewer line was BLOCKED. We shot the sewer and cleared the blockage. THE Homeowners Line went down.

Report Completed By

Contact Person: Robert LaChapelle
Street Address: 2020 Chestnut rd
PO Box: _____
City: Homewood State: IL
Zip Code: 60430 Phone: 708-206-2910
County: Cook

Authorized Representative Contact Information

Contact Person: Same
Title: _____
Street Address: _____
PO Box: _____
City: _____ State: _____
Zip Code: _____ Phone: _____
County: _____

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Authorized Representative Name (Print)

Robert LaChapelle

Title

Utility supervisor

Authorized Representative Signature

Date

7-16-14



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24 Hour Notification Information

Permittee (Municipality or Facility Name):
VILLAGE OF HOMEWOOD

Permit Number:
MS4-IL40035

Person Representing Permittee Who Contacted IEPA:
BOB LACHAPPELLE

Date: 07-14-14 Time: 8:40 AM ☒ PM ☐ IEPA Office Contacted:
DES PLAINES

Name of IEPA Employee Contacted:
Alan Anderson

Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 07-12-14 Time: 9:00 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes):
7 hrs

Estimated Volume of
Wastewater
Discharged
(gallons):

WWTP Flow During bypass (report in
MGD): Not applicable for a collection
system SSO.
N/A

Location of the Overflow or Bypass:
2505 Hawthorne rd

Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733
11/2011

- ☒ Rain ☐ Power Outage ☒ Equipment Failure ☐ Other (explain below)
☐ Snow Melt ☐ Broken Sewer ☒ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Lift station # 2 one pump could not keep up with the incoming flow from the sanitary sewers. The second pump was not in service it was damaged in a previous storm. We had to pump the station to the storm sewer or the water would have gone into the homes.

Wet Weather (if applicable)**Date(s) and Duration of Rainfall:**

Start Date: 07-12-14 Time: 6:00 AM ☒ PM ☐ End Date: 04-13-14 Time: 7:00 AM ☐ PM ☒ Amount of Rainfall (inches) 3.71" Amount of Snow Melt (inches)

Contributing Soil Conditions (saturated, frozen, soil type)
saturated soil.

Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☒ Runs on ground and absorbs into the soil
☐ Ditch: Name of surface water it drains to: _____
☒ Storm Sewer: Name of surface water it drains to: Calumet water shed
☐ Surface water direct discharge: _____
☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): _____
☐ Other, describe: _____

Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses

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The sanitary sewer was full due to the heavy rain. when the rains stopped the levels slowly went back to normal. The pump could not keep up with the incoming flow.

Report Completed By

Contact Person: Bob La Chapelle
Street Address: 2020 CHESTNUT RD
PO Box: _____
City: HOMEOOD State: IL
Zip Code: 60430 Phone: 708-206-2910
County: COOK

Authorized Representative Contact Information

Contact Person: SAME
Title: _____
Street Address: _____
PO Box: _____
City: _____ State: _____
Zip Code: _____ Phone: _____
County: _____

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Authorized Representative Name (Print)

Bob LaChapelle



Authorized Representative Signature

Title

UTILITY SUPERVISOR

7-14-14

Date



Illinois Environmental Protection Agency

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24 Hour Notification Information

Permittee (Municipality or Facility Name):
VILLAGE OF HOMEWOOD

Permit Number:
MS4-IL40035

Person Representing Permittee Who Contacted IEPA:
BOB LACHAPPELLE

Date: 07-14-14 Time: 8:40 AM ☒ PM ☐ IEPA Office Contacted:
DES PLAINES

Name of IEPA Employee Contacted:
Alan Anderson

Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 07-12-14 Time: 9:00 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes):
7 hrs

Estimated Volume of
Wastewater
Discharged
(gallons):

WWTP Flow During bypass (report in
MGD): Not applicable for a collection
system SSO.
N/A

Location of the Overflow or Bypass:
18311 Martin Ave

Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733
11/2011

- ☒ Rain ☐ Power Outage ☒ Equipment Failure ☐ Other (explain below)
☐ Snow Melt ☐ Broken Sewer ☒ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

Lift station # 5 The two pumps could not keep up with the incoming flow from the sanitary sewers. we had to pump the station to the storm sewer or the water would have gone into the homes.

Wet Weather (if applicable)

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM	PM	End Date:	Time:	AM	PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
07-12-14	6:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	04-13-14	7:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3.71"	

Contributing Soil Conditions (saturated, frozen, soil type)
saturated soil.**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

☒ Runs on ground and absorbs into the soil☐ Ditch: Name of surface water it drains to: _____☒ Storm Sewer: Name of surface water it drains to: Calumet water shed☐ Surface water direct discharge: _____☐ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): _____☐ Other, describe: _____**Actions to Correct This Occurrence and Prevent Future Overflows or Bypasses**

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The sanitary sewer was full due to the heavy rain. when the rains stopped the levels slowly went back to normal. The pumps could not keep up with the incoming flow.

Report Completed By

Contact Person: Bob La Chapelle
Street Address: 2020 CHESTNUT RD
PO Box: _____
City: HOMEOOD State: IL
Zip Code: 60430 Phone: 708-206-2910
County: COOK

Authorized Representative Contact Information

Contact Person: SAME
Title: _____
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Authorized Representative Name (Print)

Bob LaChapelle

Title

UTILITY SUPERVISOR

Authorized Representative Signature

7-14-14

Date



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Permit Number:
MS4-IL40035

Person Representing Permittee Who Contacted IEPA:
BOB LACHAPPELLE

Date: 07-14-14 Time: 8:40 AM ☒ PM ☐ IEPA Office Contacted:
DES PLAINES

Name of IEPA Employee Contacted:
Alan Anderson

Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 07-12-14 Time: 9:00 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes):

Estimated Volume of
Wastewater
Discharged
(gallons):

WWTP Flow During bypass (report in
MGD): Not applicable for a collection
system SSO.
N/A

Location of the Overflow or Bypass:
2317 Clyde Terrace

Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733
11/2011

- ☒ Rain ☐ Power Outage ☐ Equipment Failure ☐ Other (explain below)
☐ Snow Melt ☐ Broken Sewer ☒ Widespread Flooding

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The sanitary sewer were full due to the heavy rain in a shot time span.

Wet Weather (if applicable)

Date(s) and Duration of Rainfall:

Start Date:	Time:	AM	PM	End Date:	Time:	AM	PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
07-12-14	6:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	04-13-14	7:00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3.71"	

Contributing Soil Conditions (saturated, frozen, soil type)
saturated soil.**Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)**

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- ☐ Surface water direct discharge: _____
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The sanitary sewer was full due to the heavy rain. When the rains stopped the levels slowly went back to normal.

Report Completed By

Contact Person: Bob La Chapelle
Street Address: 2020 CHESTNUT RD
PO Box: _____
City: HOMEROOD State: IL
Zip Code: 60430 Phone: 708-206-2910
County: COOK

Authorized Representative Contact Information

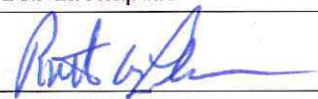
Contact Person: SAME
Title: _____
Street Address: _____
PO Box: _____
City: _____ State: _____
Zip Code: _____ Phone: _____
County: _____

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Authorized Representative Name (Print)

Bob LaChapelle

Title

UTILITY SUPERVISOR

Authorized Representative Signature

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Date



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Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19
1021 North Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276

NOTE: You may complete this form online, save a copy locally, print, sign and submit it to the BOW/CAS MC #19, at the above address. You may also print the form before completing it by hand, signing and submitting it.

Failure to notify the Illinois EPA as specified may result in fines up to \$10,000 for each day of violation.

Instructions: Use this form to report all unscheduled sanitary sewer overflow or bypass occurrences. Attach additional information as necessary to explain or document the overflow or bypass. For the purpose of this report, an overflow or bypass is defined as the discharge of untreated sewage from the sanitary sewer collection system to a surface water and/or ground due to circumstances such as those identified by the check boxes in the overflow or bypass details section of this form.

Use one form per occurrence. A single occurrence may be more than one day if the circumstances causing the overflow or bypass results in a discharge duration of more than 24 hours. If there is a stop and restart of the overflow or bypass within 24 hours, but it is caused by the same circumstances, report it as one occurrence. If the discharges are separated by more than 24 hours, they should be reported as separate occurrences.

24 Hour Notification Information

Permittee (Municipality or Facility Name):
VILLAGE OF HOMEWOOD

Permit Number:
MS4-IL40035

Person Representing Permittee Who Contacted IEPA:
BOB LACHAPELLE

Date: 07-14-14 Time: 8:40 AM ☒ PM ☐ IEPA Office Contacted:
DES PLAINES

Name of IEPA Employee Contacted:
Alan Anderson

Sanitary Sewer Overflow or Bypass Details

Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):

Start Date: 07-12-14 Time: 9:00 AM ☒ PM ☐ Duration of the overflow or bypass (hours and minutes):

Estimated Volume of
Wastewater
Discharged
(gallons):

WWTP Flow During bypass (report in
MGD): Not applicable for a collection
system SSO.
N/A

Location of the Overflow or Bypass:
18429 Palmer

Circumstances Causing the Overflow or Bypass (check all that apply)

WPC 733
11/2011

- ☒ Rain ☐ Power Outage ☐ Equipment Failure ☐ Other (explain below)
☐ Snow Melt ☐ Broken Sewer ☒ Widespread Flooding

Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.

The sanitary sewer were full due to the heavy rain in a shot time span. The street and yards were also completely flooded.

Wet Weather (if applicable)

Date(s) and Duration of Rainfall:

Start Date: 07-12-14 Time: 6:00 AM ☒ PM ☐ End Date: 04-13-14 Time: 7:00 AM ☐ PM ☒ Amount of Rainfall (inches) 3.71" Amount of Snow Melt (inches)

Contributing Soil Conditions (saturated, frozen, soil type)
saturated soil.

Where Did the Discharge from the Overflow or Bypass Go? (check all that apply)

Provide the name of the local receiving water that the wastewater enters, which could be a nearby stream, river, lake, or wetland. If discharge does not enter directly into surface water, but indirectly by way of a ditch or storm sewer, trace the path of the ditch or storm sewer to find the receiving water.

- ☐ Runs on ground and absorbs into the soil
☐ Ditch: Name of surface water it drains to: _____
☐ Storm Sewer: Name of surface water it drains to: Calumet water shed
☐ Surface water direct discharge: _____
☒ Basement Back-ups, (Number & use (i.e.residential, commercial) of buildings affected): 1 residential
☐ Other, describe: _____

Actions to Correct This Occurrence and Prevent Future Owerflows or Bypasses

Describe what actions were taken to minimize the volume of wastewater discharged from the overflow or bypass reported on this form. Also describe what actions are planned to prevent or minimize future overflows or bypasses. Illinois law and NPDES permits prohibit overflows or bypasses, unless certain specified conditions are met. Sanitary sewer overflows and bypasses may be the subject of enforcement action.

The sanitary sewer was full due to the heavy rain. The whole surface area was flooded. When the rain stopped the levels slowly went back to normal.

Report Completed By

Contact Person: Bob La Chapelle
Street Address: 2020 CHESTNUT RD
PO Box: _____
City: HOMEOD State: IL
Zip Code: 60430 Phone: 708-206-2910
County: COOK

Authorized Representative Contact Information

Contact Person: SAME
Title: _____
Street Address: _____
PO Box: _____
City: _____ State: _____
Zip Code: _____ Phone: _____
County: _____

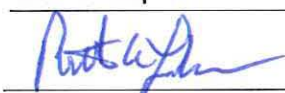
Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Authorized Representative Name (Print)

Bob LaChapelle

Title

UTILITY SUPERVISOR



Authorized Representative Signature

7-14-14

Date